

# **Utilization Management-Provider Meeting**

Los Angeles County Department of Public Health September, 21<sup>st</sup>, 2022
Substance Abuse Prevention & Control



# **Agenda**

- Update: UM Progress on Processing Backlogged Authorizations Following SAGE Auth/Claim Blackout
- CalAIM Documentation Redesign update
  - Problem List and Clarifying Oct 15, 2022 Grace Period
  - Documentation Timeliness: Three Days for Progress Notes, 24 hours for Crisis Notes
- Hold Claims/Billing Until Authorization Approval
- Reminder: New Adult Paper-Based ASAM not yet in effect
- Open Discussion
- Adjourn



### **End of Year Configuration (Blackout) is LIFTED**



#### **Communication Release**

8/15/2022

#### FY22-23 Claim Blackout Lifted & New Fiscal Year Reminders

SAPC is excited to announce that the claiming and member authorization blackout for fiscal year 2022-2023 was lifted on Monday, August 15, 2022. Providers can now begin submitting authorizations and billing for FY 2022-2023 services as well as to continue to submit claims for the prior fiscal year. Important for the new fiscal year configuration are noted below. Please be sure to read the information carefully.

To accommodate for the Sage blackout, UM will implement a temporary grace period for late submission of service authorizations with start dates 7/1/2022-8/15/2022. Providers will have until 10/15/2022 to submit these authorizations and will not be subject to late authorization submission deadlines. However, authorizations with start dates 8/16/2022 and on will be subject to our 30-day submission policies. As a reminder, medical necessity documentation was to be completed timely, and will be subject to date modifications if outside of the expected timeframes.



- Extending work hours/days to the maximum possible
- Flexibility with authorization timelines clarification
  - Clinical Standard Documentation requirement, in place during the blackout
  - Flexibility for submitting authorizations and the problem list
- Review Progress report



# LIFT: 8/15/22, ~1600 Tier1, ~1600 Tier2 Authorizations

Date	Pending assignment for WM, Residential, RBH	Pending assignment for outpatient, intensive outpatient and OTP
9/20/2022	191	1022
9/14/2022	464	1186
9/13/2022	437	1160
9/9/2022	487	1154



# **Supervisors feedback**

1. To assist with authorization process, ensure that you are submitting service authorization after medical necessity has been determined (Finalized ASAM, Misc note, Problem list)



CalAIM Documentation Redesign: Problem List and Documentation Timeliness



# What are the required components of the Problem List (Excluding OTPs)?

- (1) Problem identified as either a Diagnosis, Illnesses, Social Determinant of Health, Z Codes, or description of an issue (minimum one SUD related)
- (2) The date of the problem added, (3)
- The name, credential, and title of the practitioner adding the problem
- (4) The problem removal date (required when a problem is identified for removal)
- (5) The name, credential, and title of the practitioner who removed the problem (required when a problem is identified for removal)
- (6) Must be Finalized/Signed by LPHA
- \*Reminders:
  - Miscellaneous note for LOC justification still required
  - Client's signature NOT required



- Treatment plan is still required for OTP providers
- 18 providers that still need to use treatment plan due to accreditation requirement
- Clarification regarding non-LPHAs documenting SUD diagnoses



# When do we start using Problem Lists and how does UM Grace Period 10/15 work?

- DHCS's BHIN 22-019 is effective 7/1/2022.
- You have till 10/15/22 to submit your agency's Problem List to <u>SAPC.QI.UM@PH.LACOUNTY.GOV</u> for review approval. The sooner you submit the better.
- Providers that have not submitted their agency's problem list for review/approval by SAPC, will receive a courtesy **follow up notification** by the end of September, 2022.
- During the Grace period (till 10/15/22), SAPC accepts Treatment Plan for reauths.
- SAPC standard problem list available at <a href="http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListMain.pdf">http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemListMain.pdf</a> could be used at any time by providers who do not have an approved problem list.



# Is it required to include ICD-10 codes in the Problem List?

- Currently, including an ICD-10 code on the Problem List is not required but optional.
- For example, all the following are acceptable problems for the Problem List:
- Alcohol use
- Alcohol Use Disorder, Mild
- F10.10 Alcohol Use Disorder, Mild



# Can SUD counselors add a diagnosis to the Problem List, or does it have to be an LPHA?

- Yes, SUD counselors can document a diagnosis that was made or removed by a LPHA or a LE-LPHA on the Problem List.
- They must include
- (1) the name, title, and credential of the diagnosing LPHA
- (2) the date of diagnosis identified, added, or removed next to the diagnosis on the Problem List.
- Example, SUD Counselor documenting a diagnosis made by an LPHA:

F12.20 Cannabis use disorder, moderate as diagnosed by John Smith, LCSW, Therapist, 09/06/2022 Added by Jane Doe, CADC-II Practitioner Title: Certified SUD Counselor Date Added: 09/06/2022



### **SAPC Standard Problem List**

- Provider Documentation Requirement Task Force, updates
- http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemL istMain.pdf
- http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ProblemL istAddendum.pdf







### SUBSTANCE ABUSE PREVENTION AND CONTROL PROBLEM LIST

		PATIENT IN	FORMATION	
1. Name (Last, First, and Middle):		2. Г	Pate of Birth (mm/dd/yyyy):	Medi-Cal or MHLA Number:
4. Address:		·		·
5. Sage Client Number:	6. Gender:		7. Preferred Language:	8. Race/Ethnicity:
9. Phone Number:	_		Okay to Leave a Message?	,
10. DSM-5 Diagnosis(es) Primary Diagnosis: Secondary Diagnosis Tertiary Diagnosis: 1. Was a Physical Exam Co				
☐Yes, provide the date t☐No, provide the date o	the physical exam v	•	nent:	
12. Initial Problem List Date:		и схангаррони	13. Updated Problem List I	Date:
		PROVIDE	R AGENCY	
14. Name:	me: 15. Address:			16. Email:
7. Contact Person:		18. Phone Nur	nber:	19. Fax Number:
ASAM Dimensions: 1. Act 3.Emotional, Behavioral or Continued Problem Potentia	Cognitive Condition	ns/Complication	Potential; 2.Biomedical Cons; 4. Readiness to change;	onditions and Complications; 5. Relapse Continued Use, or
		PROB	LEM # 1	
20. Problem:				
21. Added By:	22. 1	Practitioner's Ti	23. Date Added:	
24. Dimension(s):				
25. Removed By:	26	Practitioner's T	itle: 27 1	Date Removed:



### **Progress Note Key Updates**

Per BHIN 22-019, the following Progress Notes updates are effective 7/1/2022.

- Progress notes shall be finalized within three (3) business days of providing the service. Crisis notes shall be completed within 24 hrs.
  - Including co-signatures, if applicable.
- Diagnosis and CPT codes do NOT need to be in the body of the Note but does need to be on the claim.
- Daily progress notes are now required for services that are billed on a daily basis. Weekly notes will no longer be acceptable.
- Group Services rendered by multiple providers: one progress note with one provider signature is acceptable.

BHIN 22-019



# **Q&A On Documentation Required for Authorization**

— Where do I ask questions about a Problem List error on an authorization request I submitted?

Contact the care manager assigned to the authorization

– I'm a secondary provider. How do I get my Problem List Format approved by SAPC?

Email your Problem List form to <a href="mailto:SAPC.QI.UM@ph.lacounty.gov">SAPC.QI.UM@ph.lacounty.gov</a>



### **Essential Contact Info**

- For a specific authorization question, contact the care manager named in SAGE
- UM General number: (626) 299-3531 and email: <u>SAPC.QI.UM@ph.lacounty.gov</u>
- Netsmart Helpdesk for SAGE technical problems/questions: (855) 346-2392
- Phone Number to <u>file</u> an appeal: (626) 299-4532
- Providers or patients who have questions or concerns <u>after</u> receiving a Grievance and Appeals (G&A) Resolution Letter should contact the G&A number at (626) 293-2846

### Clarification

Phone Number to <u>follow-up</u> with an appeal after receiving a resolution letter: (626)
 293-2846



# **Hold Claims/Billing Until Authorization Approval**

- Feedback/discussion with SAPC provider network:
- Billing on a pending approval auth requires our generating denials (it prevents UM from managing auth modification when this is needed)
- Then providers have to resubmit auths; this:
  - Doubles the delay
  - Postpones approved authorizations
  - Requires providers to resubmit the billing on the new auth



### Reminder: New Adult Paper-Based ASAM not yet in effect

At this time, please use the SAPC version available at our website:

http://www.publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/AssessmentToolAdultsPaperVersion.pdf

Effective date for the new Adult paper ASAM will be announced at a later time





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http://www.asam.org/asam-criteria/criteria-intake-assessment-form



ASAM CRITERIA

### Free Paper-Based ASAM Criteria Assessment **Interview Guide**

Developed by ASAM and the UCLA Integrated Substance Abuse Programs with funding from the California Department of Health Care Services, this addiction treatment resource supports increased quality and consistency of patient assessments and individualized, patient-centered care.

**DOWNLOAD** →

READ ANNOUNCEMENT  $\rightarrow$ 

The ASAM Criteria® Assessment Interview Guide is the first publicly available standardized version of the ASAM Criteria assessment. With this release, ASAM and UCLA hope to increase the quality and consistency of patient assessments and treatment recommendations. This resource can also help assist states looking to facilitate continuity and consistency in substance use disorder (SUD) treatment delivery and coverage.

Because it is paper-based, offered free to all clinicians, and can be used in many different clinical contexts, the Guide enhances the public utility of The ASAM Criteria's multidimensional assessment approach for the addiction treatment community.

